MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101049,322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		2					53							
4		2					54							
5		2					55							
6		(1)					56							
7		(1)					57							
8		(1)					58							
9		(1)					59							
10		(1)					60							
11							61							
12		(1)					62							
13		(1)					63							
14							64							
15		(1)					65							
16		(1)					66							
17							67							
18		(1)					68							
19		(1)					69							
20		1					70							
21		1					71							
22	1		1				72							
23		1		1			73							
24		2					74							
25		2					75							
26	1		1				76							
27		1					77							
28		2					78							
29		1					79							
30		1					80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		⇩	3	⇦		⇦	TOTAL IND.			⇩		⇦		⇦
TOTAL DEP.			27				TOTAL DEP.							
TOTAL CLAIMS			30				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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